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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yalid OMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Addication of Octobritumber CLAIMS AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED BASIC FEE (37 CFR 1.16(a)) NUMBER EXTRA RATE FEE RATE FEE TOTAL CLAIMS 395.00 (37 CFR 1.16(c)) :790.0Z OR minus 20 = INDEPENDENT CLAIMS x : 25 = × **:5**0 (37 CFR 1.16(b)) OR .enhus 3 = x s/00 = x 200 _ MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) <u>:180</u>. If the difference in column 1 is less than zero, enter ${\bf 0}^{\bullet}$ in column 2. ÓR TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER AMENDMENT RATE REVIOUSLY ADD1 **EXTRA** RATE PAID-FOR TIONAL ADDI · Fotal (ar CFR 1.16(d) TIONAL Minus FEE 25 Independent (SV-OFR 1.16(b)) Miritas ×4.50 OR x=/ 00 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x:200 OR +260 OR TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT ENT AFTER RATE PREVIOUSLY ADDL **EXTRA** RATE AMENDMENT ADDI TIONAL PAID FOR · Total ENDM TIONAL Minus FEE FEE 25 × \$50 Minus OR IOD 200 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR +=360 OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS O HIGHEST REMAINING NUMBER EN PRESENT **AFTER** RATE PREVIOUSLY ADDI-**EXTRA** RATE AMENDMENT ADDL **TIONAL** PAID FOR ENDMI Total (ST CFR 1.16(d) TIONAL FEE Minus FEE <u>*125</u> Independent (37 CFR 1.16(b)) × 1.50 Minus OR: IOD FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) × 200 OR OR TOTAL - % If the entry in column 1 is less than the entry in column 2, write "0" on column 3. ADD'L FEE If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 2.

The Highest Number Previously Paid For I Total or Independently is the highest number found in the appropriate box in column 1. OR ADD'L FEE

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